

Case Number:	CM15-0009489		
Date Assigned:	01/27/2015	Date of Injury:	12/04/2002
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female, with a reported date of injury of 12/04/2002. The diagnoses include osteoarthritis of the knee, sacroilitis, degeneration of the lumbar disc, lumbar stenosis, and lumbosacral spondylosis without myelopathy. Treatments have included oral pain medication, topical pain medication, lumbar decompression and fusion on 10/02/2014, and a cane. A toxicology test report dated 06/27/2014 was provided in the medical records. The progress report dated 12/18/2014 indicates that the injured worker continues to remain 75% better concerning her back pain. She no longer had radiating pain into the legs. She complained of left knee pain, and had swelling and buckling there. The injured worker was unable to wear the knee brace. She had occasional right buttock pain to the right lower extremity. The injured worker rated the pain 7 out of 10 with medication. The physical examination showed a clean and dry surgical incision, grossly intact sensation to touch in the bilateral lower extremities, and severe pain-related limitation. The treating physician requested two blood draws. The rationale for the request was not indicated. On 01/08/2015, Utilization Review (UR) denied the request for two (2) blood draws, noting that the results of a simple urine drug test was not specified in the records provided, the rationale for requesting a blood test or blood draw was not specified, and the exact nature of the tests to be performed after the blood draw was not specified in the records provided. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Blood draw x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: The request of blood testing is not justified. The requesting physician have to provide the type of blood testing as well as the reason behind the request. Therefore, the request for Blood draw x 2 is not medically necessary.